



APPLICATION & AGREEMENT FOR FOSTER CARE PROVIDER



ANIMAL SELECTION FOR FOSTER CARE IS AT THE SOLE DISCRETION OF SHELTER PERSONNEL

Date: _____

Name: _____ Age (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Is this address: Permanent _____ Seasonal _____ (if seasonal, when are you in the Phoenix area? _____) Do you own _____ or rent _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____

If there are children living in your household, what are their ages: _____

Which do you prefer to care for (please check all that apply):

Adult Cats: _____ Kittens: _____ Nursing Cat Moms with Kittens: _____

Adult Dogs: _____ Puppies: _____ Nursing Dog Moms with Puppies: _____

Are you a general MCACC volunteer (attended a Volunteer Orientation)? Yes _____ No _____
*This is not required, however **you will be required to attend a Foster Orientation.***

Do you currently have pets?: Yes _____ No _____

Number of: Cats _____ Dogs _____ Other _____

Are they current on rabies vaccination(s)?: Yes _____ No _____ Boosters: Yes _____ No _____

Are your dogs licensed? Yes _____ No _____

(Arizona state law requires that all dogs have a current rabies vaccination and license).

Please circle any diseases your household pets may have or had: Parvo, Distemper, Feline Leukemia, FIV, Other: _____ When: _____

Do you have an enclosed outdoor area?: Yes _____ No _____ How high is the barrier?: _____

Where will your foster animals be housed?: _____

How long will you be able to foster an animal or litter?: _____

I agree that my services as a Foster Care Provider are provided on a strictly volunteer basis. I shall receive no pay, benefits, or compensation of any kind from Maricopa County Animal Care & Control for my foster care of animals.

I agree to provide foster care in strict compliance with the policies and procedures of Maricopa County Animal Care & Control. This includes but is not limited to:

- A. Providing adequate food, water, shelter, safe containment and humane treatment for the animal(s) at all times.
- B. Monitoring the animal(s) and providing proper care & socialization to increase their possibility for adoption.
- C. Calling the Foster Care Coordinator at least once a week to advise on progress.
- D. Notifying the Foster Care Coordinator and/or Clinic Coordinator within 24 hours of any major change in the fostered animals health or animal being lost.
- E. Agree to represent yourself professionally.
- F. Agree to returning MCACC foster animals for sterilization on the agreed upon date for foster animal to return to MCACC.

Please write your initials on the line to the left of each paragraph after you have read it.

_____ Maricopa County Animal Care & Control reserves the exclusive right to determine the proper course of action to take upon notification by the Foster Care Provider of any inability to comply with this agreement.

_____ I understand and agree that the fostered animal(s) are the exclusive property of Maricopa County Animal Care & Control. This Foster Care Agreement transfers no ownership rights.

_____ I understand all foster animals must be scheduled for sterilization at one of the Animal Care & Control Spay/Neuter clinics and appointments for sterilization will be set up through the Clinic Coordinator.

_____ I understand if any foster animal under my care dies, the body must be returned to Animal Care & Control or verification of death signed by a licensed veterinarian must be provided.

_____ I will respect Maricopa County Animal Care & Control's decision to determine whether a Foster Care Provider can adopt a foster animal.

_____ I fully understand and agree that the ultimate disposition of any animal(s) under this foster care agreement is at the sole discretion of Maricopa County Animal Care & Control.

_____ I will agree to vaccinate my own animals against the following diseases before fostering:

- Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4-in-1 booster); Bordetella (kennel cough); and Rabies, and are free of parasites.
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3-in-1 booster), Feline Leukemia and Rabies, and are free of parasites.

_____ I understand no reimbursement by Animal Care & Control will be given to me regarding any expenditure which I incur for the care and treatment of the foster animal(s).

_____ I understand if a fostered animal under my care or my own animal dies from a contagious disease, I will not be considered for fostering other animals of the same species for a specific length of time as deemed suitable by Maricopa County Animal Care & Control. Discussion with a Maricopa County Maricopa County Animal Care & Control veterinarian will determine the length of time necessary before fostering any animal again in a Foster Care Provider's home that has been exposed to a specific disease. If a Foster Care Provider's home is exposed to either Parvovirus or Feline Panleukopenia (feline leukemia), they will not be allowed to foster the species of animal affected by the disease for six months. In the instance of any other diseases it is recommended that they do not foster for at least two weeks. The Foster Care Provider will be responsible for appropriately sanitizing all infected areas.

_____ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case Maricopa County Animal Care & Control shall take immediate possession of the fostered animal(s).

Indemnity

_____ I agree to release, discharge, indemnify and hold harmless Maricopa County Animal Care & Control, including its agents and employees, for any and all personal injuries or damages to property or pets caused by the foster animal(s).

_____ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless Maricopa County Animal Care & Control, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

_____ I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow Maricopa County Animal Care & Control to use any photographs taken of me for use of public relations efforts. Maricopa County Animal Care & Control will use reasonable efforts to notify me but such notification is not a condition of its release for public relations purposes.

_____ I understand that I may refuse to be photographed, and that such refusal shall not change my status as an Maricopa County Animal Care & Control Foster Care Provider.

I have received, read, and understand the Foster Care Guidelines provided during orientation by Maricopa County Animal Care & Control.

Foster Care Provider

Date

Foster Care Coordinator or designee

Date